

Modules

1. *The Part H
Longitudinal Study
(PHLS)*
2. *Secondary School
Completion*

SECTION IV

RESULTS

The Part H Longitudinal Study (PHLS)

The Individuals with Disabilities Education Act (IDEA) affirms society's commitment that all students with disabilities have the right to a free appropriate public education. Part H of IDEA assists States to provide systems of intervention and family support services to enhance the development of infants and toddlers with disabilities and to enhance the capacity of families to meet the needs of their infants and toddlers. These national programs have defined a comprehensive approach to promote the development and quality of life of infants, children, youth, and adults with disabilities through individualized programs of services.

Now that these programs are in place, policy makers, advocates, and others are interested in learning about their effects. For example, the National Longitudinal Transition Study of Special Education Students (NLTS) has provided data on educational results for youth with disabilities. Now, 10 years after the inception of Part H, the Office of Special Education Programs (OSEP) is sponsoring the Part H Longitudinal Study (PHLS).

Background

When Congress passed Part H, it established a national policy of assisting States to develop early intervention systems for infants and toddlers with disabilities (children from birth through age 2). The statute requires all States participating in Part H to develop and implement a state-wide system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention services to all eligible infants and toddlers with disabilities and their families. In the years following passage of the legislation, State and local agencies engaged in a variety of activities in an attempt to enhance and improve existing services to conform to the vision and the requirements of Part H. The PHLS will gather information about

how these practices are influencing children and families served by the Part H service system.

The PHLS will examine the characteristics of infants and toddlers and families participating in Part H, the services they receive, and the results they experience. The PHLS will gather data on such questions as:

- At what ages do infants and toddlers enter Part H services? What services do children and families receive?
- What proportion of infants and toddlers who participate in early intervention services receive special education and related services at age 3?
- What are the costs associated with early intervention?

To address these types of questions, the PHLS will gather longitudinal data about how children with disabilities function, how their families change as their children age, and how services support child functioning and family change. While the PHLS will provide invaluable information to audiences at many levels of the Part H service system, its primary purpose is to provide nationally representative data about Part H participants, services, and results that can be used for future policy development and evaluation. A more in-depth understanding of the children and families served by Part H, the results of the services they receive, and the costs of the services is needed so that informed public policies regarding infants and toddlers with disabilities and their families can be formulated.

The Vision of Part H and the Need for the PHLS

Part H is a Federal program with four equally important purposes. They are:

- (a) Develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for infants and toddlers with disabilities and their families;

- (b) Facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage);
- (c) Enhance the States' capacity to provide quality early intervention services and expand and improve existing early intervention services being provided to infants and toddlers with disabilities and their families; and
- (d) Enhance the capacity of State and local agencies and service providers to identify, evaluate, and meet the needs of historically underrepresented populations, particularly minority, low-income, inner-city, and rural populations (34 CFR 303.1).

All States are now participating in Part H.

A critical issue of interest to policy makers is whether Part H is achieving its intended effect. Part H was intended to bring about changes in four areas: at the State level, in local delivery systems, in the quality of services provided to children and their families, and in the production of positive effects on children and their families.

Changes at the State level. Part H was intended to create change in States' policies and the infrastructure for administering early intervention. For example, Part H requires States to designate a lead agency, form an Interagency Coordinating Council (ICC) to advise the lead agency, and develop personnel standards, as well as fulfill several other requirements.

Local service delivery systems. Many of the national policies established for Part H have also been adopted at the local level. Local services are coordinated among agencies. Procedures for identifying potentially eligible infants and toddlers, as well as procedures for making the general public and referral sources aware of the availability of early intervention services, are carried out at the local level. Also, local systems are reaching out to historically underrepresented groups.

Improve quality of services. Part H also was intended to improve the quality of services provided to children and families. For example, services are to be provided in accordance with an individualized family service plan (IFSP). Services are to be family-focused and provided in the natural environment, including the home and community settings in which children without disabilities participate.

Positive effects on children and their families. Part H was designed to have positive effects on infants and toddlers with disabilities and their families. Services are to be provided that will enhance development, minimize potential for developmental delay, and improve the family's capacity to meet the needs of their child.

States were given some flexibility in designing their Part H systems in order to incorporate their existing systems and services. States were also given the option to decide which agency within the State would best meet their needs as the lead agency for the Part H program. One aspect of understanding the results experienced by children and families who receive early intervention services is understanding how early intervention is provided at the State and local levels.

Goals of Part H: Impact on Service Systems

Recent research indicates that States have implemented Part H in many different ways (Garwood & Sheehan, 1989; Gallagher, Harbin, Eckland, & Clifford, 1994). However, little information exists on how these variations may be affecting the quality of service delivery and the impact of services on children and families. Some of the potentially significant ways in which States' implementation of Part H may differ include:

- Differences in the organization and the level and responsibilities of agencies involved in the early intervention system.

- The wide diversity of circumstances families may live in, as well as the variety of resources available to children with disabilities and their families.
- The diverse backgrounds, traditions, and approaches of the variety of professions involved in providing early intervention services.
- The history of early intervention service provision in each State, including the type and number of agencies that have provided services to this population.
- The different levels and stages of agency readiness, willingness, and financial capacity to implement the Part H program.

Goals of Part H: Child and Family Results

Bailey and Wolery (1992), in a review of the professional literature on early intervention, have suggested seven specific goals of early intervention, as listed below.

- Support families in achieving the goals they have for themselves and their children.
- Promote children's active engagement, independence, and mastery of the environment.
- Promote progress in key developmental domains.
- Build and support children's social competence.
- Promote the generalized use of skills in a variety of relevant settings.
- Provide and prepare children for normalized life experiences.
- Prevent the emergence of future problems or disabilities.

These goals and the congressional statement of purpose serve as guidelines that can be used to help identify indicators of program impact on both children and families.

A review of the major Part H goals indicates that the expected results associated with the program focus on preventing developmental delay and promoting the child's and family's adaptation. Most research on the effects of early intervention to date has investigated results related to disability, such as developmental status or social skills. These are critical results and will be included in the PHLS, but other results need to be examined as well. The specific child characteristics and results to be examined by the PHLS include:

- the type of disability,
- functioning within specific developmental domains (cognitive, communication, motor, self-help skills), and
- child engagement.

To measure family results, the PHLS will gather data on families framed in a direct and functional way. The following four critical result domains for families in early intervention have been identified.

- The family's capacity to meet the special needs of their infant or toddler with a disability.
- Parent perceptions of their needs and the extent to which they were met by Part H services.
- Parent perceptions of their internal and external support systems.
- The quality of life perceived by families.

In January 1996, OSEP funded SRI International, in conjunction with the Frank Porter Graham Child Development Center (FPG), the Research Triangle Institute (RTI), and the American Institutes for Research (AIR), to conduct the

PHLS. Year 1 of PHLS involved a design phase during which many options were explored and many choices were made about the final study design, the sample, and the areas to be measured. A national panel of advisors reviewed the study design and provided feedback. In Years 2 through 5 of the PHLS, the design will be implemented.

Study Design

Overview of Study Design

The PHLS is a longitudinal study of a nationally representative sample of children and families who are participating in early intervention services through Part H. The research questions posed for the study are both descriptive and explanatory. The design of the PHLS is based on a conceptual framework that identifies three key focal areas of study and their interrelationships: the characteristics of the children and families served under Part H, Part H services, and the results achieved by children and families who receive services. Specifically, the questions that are the primary focus of PHLS are:

- Who are the children and families being served by Part H?
- What early intervention services do participating children and families receive?
- What results do participating children and their families experience?
- How do results relate to variations in child and family characteristics and services received?

A sampling approach has been designed that will yield a nationally representative sample of 3,300 children from 3 to 5 counties in each of 20 States across the United States. The final sample of 20 States will be adequate to represent the key dimensions of Part H variation at the State level. Such State-to-State variations include the number of children served, geographic dispersion and population size,

eligibility definition, administrative variations (e.g., lead agency designation), and numbers of underrepresented populations served.

Data will be collected about the infants and toddlers and their families from parents (or legal guardians) via repeated telephone surveys. The surveys will begin when the families enter Part H services and will continue until the child is 5 years old. In addition to measuring child and family characteristics and results, data will be gathered from service providers about the early intervention services provided, including their costs, via a written survey. The goal of the written survey will be to provide data that can be used to better understand associations between services and results. The data analysis strategy involves using both descriptive statistics and multivariate analyses to examine the types of children and families in Part H, the services they receive, and the relationships between child and family results and Part H services.

Summary

During the past decade, various legislative programs, such as IDEA Parts B and H, have defined a comprehensive approach to promoting the development and quality of life of infants, children, youth, and adults with disabilities. Now, policy makers, advocates, and others are interested in learning about the effects of these efforts. OSEP is sponsoring the PHLS to provide data on the results for infants and toddlers and their families who receive services under IDEA, Part H.

The PHLS will examine the characteristics of a nationally representative sample of infants and toddlers and their families who participate in Part H, the services they receive, and the outcomes they experience. Data will be collected from parents or legal guardians and from service providers. The data will be analyzed using both descriptive statistics and multivariate analyses. The primary purpose of PHLS will be to provide nationally representative data about Part H participants, services, and outcomes that can be used for future policy development and evaluation.

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Secondary School Completion

Secondary school completion is an important indicator of individual student accomplishment. A high school diploma is evidence of a student's academic achievement and perseverance. Completion rates also provide evidence of the extent to which schools engage students in the educational process and, as such, are a measure of institutional performance.

Students who do not graduate from high school usually experience lower rates of employment, lower incomes, and higher rates of incarceration. In addition, research has shown that students with disabilities complete secondary school at lower rates than their peers without disabilities. The reasons students with disabilities have lower completion rates are unclear, and it is likely that several different factors are involved. OSEP is sponsoring activities to study and address this problem.

Current Trends in High School Completion Rates of Students with Disabilities

Students with disabilities may complete high school in one of two ways. They may receive a standard diploma, identical to the one awarded to students without disabilities, or they may receive a modified diploma, certificate of completion, or other credential documenting their program completion.

As a group, students with disabilities are less likely to complete high school than their nondisabled peers (Butler-Nalin & Padilla, 1989; Edgar, 1987; Wagner et al., 1991). In a comparison of high school completion status for youth ages 15 to 20 with and without disabilities, Wagner et al. (1991) found that of those youth with disabilities who left school in a 2-year period, 57.1 percent had graduated. In contrast, 75.6 percent of those without disabilities had graduated. When controlling for demographic differences between youths with and without disabilities (e.g., gender,

income, race/ethnicity), the graduation rates were 57.1 percent and 68.4 percent, respectively.¹

Students who do not complete high school are more likely to be unemployed (Hepburn & White, 1990; Rumberger, 1987), are less likely to be employed full time (William T. Grant Foundation in Wagner et al., 1991), and comprise a disproportionate percentage of the nation's prison population (Strother, 1986; William T. Grant Foundation in Wagner et al., 1991). Students who drop out limit their individual opportunity, increase demand for social services, and lower the overall tax base (Catterall, 1985). In recent years, the number of high-paying manufacturing jobs that do not require workers to have a high school diploma has declined sharply. At the same time, the number of service industry jobs has increased. Service industry jobs are perceived as demanding higher levels of education and skills, making secondary school completion more critical for individual and community economic performance (Hepburn & White, 1990; Rumberger, 1987).

There are many different ways to calculate graduation rates for students with disabilities. This section presents data on graduation rates using two of those methods. OSEP collects data on students ages 14-21 graduating from high school with a diploma or certificate of completion. However, because very few 14-, 15-, and 16-year-olds graduate from high school, it may not be appropriate to calculate graduation rates based on the percentage of students age 14 to 21 graduating from high school. Instead, the graduation rates are calculated based on a 17 to 21 age range.

¹ Because special education students are more likely than the general population to be male, from low-income families, and from racial/ethnic minority groups, this analysis reweights the general education responses to make the two populations demographically similar, therefore controlling for the demographic differences.

Based on the total number of students with disabilities ages 17-21,² the percentage of students with disabilities graduating with a diploma or certificate increased slightly from 27.9 percent in 1993-94 to 28.4 percent in 1994-95.

A second way to calculate the high school graduation rate is to divide the number of students with disabilities ages 17 to 21 graduating with a diploma or certificate of completion by the number of students graduating with a diploma, graduating with a certificate, reaching the maximum age, or dropping out of school. This provides the proportion of students leaving high school who completed their program of study. The 1994-95 completion rate using this method of calculation was 71.8 percent.

The graduation rate for students without disabilities has remained steady for several years despite the increased proportion of secondary school students from minority and disadvantaged backgrounds, who historically have had the lowest rate of high school completion. (In fact, the high school graduation rates of African Americans are now equal to or close to those of whites, which have remained steady (National Education Goals Panel, 1994; Rumberger, 1987).)

It is quite common for dropouts to resume their secondary education or obtain a General Education Development (GED) diploma by passing an examination. However, youth with disabilities who drop out are far less likely than their nondisabled peers to re-enroll in secondary school or pursue a GED (Sebring et al., 1987; Wagner et al., 1992). Wagner et al. (1992) found that only 3 percent of youth with disabilities had obtained a diploma or certificate of completion 3 to 5 years after dropping out of secondary school.

² These secondary school completion figures are generated by dividing the number of students with disabilities ages 17 to 21 receiving a diploma or certificate of completion by the total number of students with disabilities ages 17 to 21. Figures reported by Wagner et al. are calculated by dividing the number of graduates ages 15 to 20 by the total number of exiters. Because the denominator (exiters) is much smaller in Wagner's analysis, the reported graduation rate is higher.

Strategies Schools Can Adopt To Improve Completion Rates of Students with Disabilities

What can schools do to improve the chances that students with disabilities will complete school? Although schools may not be able to address students' socioeconomic circumstances, there are school-related factors that also affect student retention that they can address. For example, research shows that students with disabilities who took occupationally oriented vocational education were less likely to drop out of school than students who did not take vocational training, independent of other factors. This type of training may make secondary school more relevant for students who do not plan to attend college (Wagner et al., 1991).

Students with disabilities who received help from a tutor, reader, or interpreter, or received personal counseling, also had a lower probability of dropping out than peers who did not receive these services. The individualized attention provided by a tutor or counselor may provide a mechanism for building student affiliation with a school (Wagner et al., 1991).

Dropout prevention projects have identified effective strategies for helping students stay in school. These include monitoring student behavior, building relationships, promoting affiliation, teaching problem solving, and exhibiting persistence. The projects found that school personnel should monitor the occurrence of risk behaviors and measure the effects of interventions designed to reduce those behaviors. To foster trust between students and school personnel and show students that the school cares about their educational experience, school personnel should build relationships with students. Affiliation is the student's connection to the school and the feeling that they belong to the school community. It can be promoted by involving students in school activities. The projects found that it was critical to teach students problem-solving skills in order to reduce risk factors and to keep students in school. Persistence, continuity, and consistency were necessary tools for retaining students. To prevent students

from dropping out, personnel consistently stressed the importance of school and concern for the student's education. They worked with students even after they were repeatedly truant or had dropped out and sent a clear, consistent message that school is important (Thurlow et al., 1995).

OSEP Initiatives To Improve High School Completion Rates

From 1990 to 1995, OSEP funded three projects to develop, refine, and evaluate dropout prevention and intervention strategies for youth with learning and emotional/behavioral disabilities. The three projects: ALAS (Achievement for Latinos through Academic Success), Belief Academy, and Check & Connect were based in Los Angeles, Seattle, and Minneapolis, respectively. The three projects were known as the ABC Dropout Prevention & Intervention Strategies. They documented results for students at-risk for dropping out of school, implemented school-based interventions, encouraged home-school collaboration, and fostered community involvement.

Students who participated in the ABC projects were more likely than students in comparison groups to stay in school. They failed fewer classes, earned more secondary-school credits toward graduation, were less likely to have high rates of absenteeism, and exhibited better in-school behavior. Longer term studies are needed to document the high school completion status of students who participated in the projects.

The projects produced and distributed several manuals that practitioners can use when designing and implementing their own dropout prevention projects, including:

- Staying in School: Strategies for Middle School Students with Learning and Emotional Disabilities;
- Relationship Building and Affiliation Activities in School-Based Dropout Prevention Programs;

- PACT Manual: Parent and Community Teams for School Success;
- Tip the Balance: Policies and Practices That Influence School Engagement for Youth at High Risk for Dropping Out; and
- Keeping Kids in School: Using Check and Connect for Dropout Prevention.

Summary

While the percentage of students completing high school has remained steady for all students, the percentage of students with disabilities completing high school has increased slightly in the past few years. This is especially noteworthy because research shows that fewer dropouts with disabilities return to school for a diploma or GED. Some educational services, such as tutoring, counseling, and enrollment in occupational courses, appear to reduce dropout rates for students with disabilities. OSEP has funded three projects for youth with learning and behavioral problems who are at risk of dropping out.

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SECTION IV. RESULTS

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